

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE       |
|---------------------------|----------|--------|------------|
| FEE DETERMINATION         | T-G      |        | 5/31       |
| O.I.P.E. CLASSIFIER       | CH       | 1020   | 10/6-12-01 |
| FORMALITY REVIEW          | CH       | 847    | 07/26/01   |
| RESPONSE FORMALITY REVIEW | CH       | 847    | 10/12/01   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
|-------|------|
| 1     | ✓    |
| 2     | ✓    |
| 3     | ✓    |
| 4     | ✓    |
| 5     | ✓    |
| 6     | ✓    |
| 7     | ✓    |
| 8     | ✓    |
| 9     | ✓    |
| 10    | ✓    |
| 11    | ✓    |
| 12    | ✓    |
| 13    | ✓    |
| 14    | ✓    |
| 15    | ✓    |
| 16    | ✓    |
| 17    | ✓    |
| 18    | ✓    |
| 19    | ✓    |
| 20    | ✓    |
| 21    | ✓    |
| 22    | ✓    |
| 23    | ✓    |
| 24    | ✓    |
| 25    | ✓    |
| 26    | ✓    |
| 27    | ✓    |
| 28    | ✓    |
| 29    | ✓    |
| 30    | ✓    |
| 31    | ✓    |
| 32    | ✓    |
| 33    | ✓    |
| 34    | ✓    |
| 35    | ✓    |
| 36    | ✓    |
| 37    | ✓    |
| 38    | ✓    |
| 39    | ✓    |
| 40    | ✓    |
| 41    | ✓    |
| 42    | ✓    |
| 43    | ✓    |
| 44    | ✓    |
| 45    | ✓    |
| 46    | ✓    |
| 47    | ✓    |
| 48    | ✓    |
| 49    | ✓    |
| 50    | ✓    |

| Claim | Date |
|-------|------|
| 51    | ✓    |
| 52    | ✓    |
| 53    | ✓    |
| 54    | ✓    |
| 55    | ✓    |
| 56    | ✓    |
| 57    | ✓    |
| 58    | ✓    |
| 59    | ✓    |
| 60    | ✓    |
| 61    | ✓    |
| 62    | ✓    |
| 63    | ✓    |
| 64    | ✓    |
| 65    | ✓    |
| 66    | ✓    |
| 67    | ✓    |
| 68    | ✓    |
| 69    | ✓    |
| 70    | ✓    |
| 71    | ✓    |
| 72    | ✓    |
| 73    | ✓    |
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| 75    | ✓    |
| 76    | ✓    |
| 77    | ✓    |
| 78    | ✓    |
| 79    | ✓    |
| 80    | ✓    |
| 81    | ✓    |
| 82    | ✓    |
| 83    | ✓    |
| 84    | ✓    |
| 85    | ✓    |
| 86    | ✓    |
| 87    | ✓    |
| 88    | ✓    |
| 89    | ✓    |
| 90    | ✓    |
| 91    | ✓    |
| 92    | ✓    |
| 93    | ✓    |
| 94    | ✓    |
| 95    | ✓    |
| 96    | ✓    |
| 97    | ✓    |
| 98    | ✓    |
| 99    | ✓    |
| 100   | ✓    |

| Claim | Date |
|-------|------|
| 101   | ✓    |
| 102   | ✓    |
| 103   | ✓    |
| 104   | ✓    |
| 105   | ✓    |
| 106   | ✓    |
| 107   | ✓    |
| 108   | ✓    |
| 109   | ✓    |
| 110   | ✓    |
| 111   | ✓    |
| 112   | ✓    |
| 113   | ✓    |
| 114   | ✓    |
| 115   | ✓    |
| 116   | ✓    |
| 117   | ✓    |
| 118   | ✓    |
| 119   | ✓    |
| 120   | ✓    |
| 121   | ✓    |
| 122   | ✓    |
| 123   | ✓    |
| 124   | ✓    |
| 125   | ✓    |
| 126   | ✓    |
| 127   | ✓    |
| 128   | ✓    |
| 129   | ✓    |
| 130   | ✓    |
| 131   | ✓    |
| 132   | ✓    |
| 133   | ✓    |
| 134   | ✓    |
| 135   | ✓    |
| 136   | ✓    |
| 137   | ✓    |
| 138   | ✓    |
| 139   | ✓    |
| 140   | ✓    |
| 141   | ✓    |
| 142   | ✓    |
| 143   | ✓    |
| 144   | ✓    |
| 145   | ✓    |
| 146   | ✓    |
| 147   | ✓    |
| 148   | ✓    |
| 149   | ✓    |
| 150   | ✓    |

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

529  
 07/26